



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

November 18, 2011

Ms. Deborah Hodge, Administrator
Valley View Home For The Retired
Route 5, 69 Oaklane, Apt 1, Box 93
Fairlee, VT 05045

Provider #: 0195

Dear Ms. Hodge:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 26, 2011**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



OCT 18 2011

PRINTED: 10/06/2011
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2011
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HOME FOR THE RETIRED			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 5, 69 OAKLANE, APT 1, BOX 93 FAIRLEE, VT 05045		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced survey to assess compliance with Vermont Residential Care Home Licensing Regulations was conducted by the Division of Licensing and Protection on 9/26/11. The following regulatory violations were identified.	R100			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to develop a plan of care addressing the behaviors of one of two residents in the sample. (Resident #1) Findings include: Per record review on 9/26/11, Resident #1 was exhibiting inappropriate sexual behaviors toward staff such as touching them or brushing up against them. The current assessment on file indicated that he had socially inappropriate behaviors daily. According to the record, Resident #1 had not behaved this way with other residents. Per review of the plan of care, there was no mention of these behaviors, and no written interventions to address the behaviors as identified in the resident's assessment. Per interview on 9/26/11 at 2:05 PM, the Manager of the home stated that the resident had "fresh" behaviors with staff, and that a plan of care had	R145	Telephone call w/ Shay Albee RN 3:50 PM 11/3/11 R145 addendum: Nurse will review all care plans on a regular basis to assure all needs are identified. Nurse will be responsible for monitoring for compliance. Karen Campos RN Resident was new to Facility - NCP had been written for issues identified in initial nursing and owner/staff assessments upon admission. Nurse/owner will identify "new" issues as Resident ADL's are assessed further to length of stay; and update POC accordingly. R145 POC accepted 10/19/11 Kcampos RN / P. M. TARN addendum accepted 11/3/11 KC	10.14.11	

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

2MR611

If continuation sheet 1 of 4

On last page

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2011
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HOME FOR THE RETIRED			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 5, 69 OAKLANE, APT 1, BOX 93 FAIRLEE, VT 05045		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R145	Continued From page 1 not been developed to specifically address this concern.	R145			
R160 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:</p> <p>(1) Level III homes must provide medication management <i>under the supervision</i> of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission.</p> <p>(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home.</p> <p>(3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff.</p> <p>(4) How medications shall be obtained for residents including choices of pharmacies.</p> <p>(5) Procedures for documentation of medication administration.</p> <p>(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.</p> <p>(7) Procedures for monitoring side effects of psychoactive medications.</p>	R160			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2011
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HOME FOR THE RETIRED			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 5, 69 OAKLANE, APT 1, BOX 93 FAIRLEE, VT 05045		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R160	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview, the home failed to have written policies and procedures describing the home's medication management practices. Findings include: Per review of the medication management system on 9/26/11, there was documentation showing unlicensed staff were trained by the nurse to administer medications to the residents. Per interview on 9/26/11 at 4:15 PM, the home's manager stated that the nurse trains and monitors staff for medication administration, however the home did not have written policies and procedures for medication management practices.	R160	<i>Nurse and owner will adapt written policies/procedures for med mgmt practices. 10.14.11</i> <i>11/3/11 Med policies have been written. POC addendum: All staff have been inservice.</i> <i>Nurse will continue to randomly check staff for proper procedures</i> <i>Nurse will be responsible for monitoring</i>		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced	R167	<i>R167 POC accepted 11/3/11</i> <i>Karen Campos RN</i>		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/26/2011
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HOME FOR THE RETIRED			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 5, 69 OAKLANE, APT 1, BOX 93 FAIRLEE, VT 05045		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R167	<p>Continued From page 3</p> <p>by: Based on record review and staff interview, the home failed to have clear indications for use for PRN (as needed) medications for 1 of 4 residents in the sample. (Resident #2) Findings include:</p> <p>Per review on 9/26/11, the Medication Administration Record (MAR) for Resident #2 had an entry for Trazadone 50 mg. tablets, take ½ tab by mouth every day as needed (mood). There was also an order for Seroquel 25 mg. Take one tablet by mouth every 4 hours as needed (mood). There were no specific indicators for use listed to direct staff as to when it would be appropriate to administer these medications to the resident. Per interview on 9/26/11 at 4:15 PM, the Home Manager confirmed that there were no instructions for staff with clear indications for use regarding these two as needed medications.</p> <p><u>Owner:</u> Deborah Hodge owner 10-14-11</p> <p><u>Nurse:</u> SP Albee 10.14.11</p>	R167	<p>Nurse / owner - will obtain clear parameters/indicators; i.e. slx for need for admin of any/all PRN medications. 10.14.11</p> <p>R167 addendum 11/3/11</p> <p>Nurse has reviewed all PRN orders to be sure they have clear parameters/indications.</p> <p>Nurse has reeducated staff regarding documentation of PRNs</p> <p>New behavior sheets with non-pharmacologic interventions also listed are in place.</p> <p>Nurse will monitor for compliance</p> <p>R167 accepted w/ addendum 11/3/11</p>		